Application for Head Start/Early Head Start Programs

Please Print

Parent/Guardian Information:

Parent's Last Name: _____ First name: _____ M.I.: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____ County: _____

Phone Number: _____ Second Number where you can be reached: _____

E-Mail _____

Marital Status / Please circle one: Single Married Divorced Separated Widowed

Are you currently in any type of school or training?	Yes	No	
Do you have a high school diploma or GED?	Yes	No	
If you are a guardian, do you receive cash assistance for the child(ren) in your care?	Yes	No	
Do you have a referral from another agency? If so, please attach documentation.	Yes	No	
Are any of your children diagnosed with a special need or disability?	Yes	No	If yes, which child(ren): _____
Do you have concerns for your children's health or development?	Yes	No	If yes, explain: _____
Do you or a child receive SNAP (food stamps)?	**Yes**	**No**	
Do you need before and or after care at additional cost?	**Yes**	**No**	
Does your child have any Food Restrictions?	**Yes**	**No**	**If Yes, Explain:** _____

List all Children in Home Last Name, First Name, M.I.	Date of Birth	Male or Female?	Relationship of child to you?	Medicaid? Yes or No	In School? Where?

List all Adults in Household (including yourself) Last Name, First Name, M.I.	Date of Birth	Employer / School--Weekly Information	
		Employer: School:	Hrs Worked: Hourly Wage:
		Employer: School:	Hrs Worked: Hourly Wage:
		Employer: School:	Hrs Worked: Hourly Wage:

Income Information: Type of Income (monthly gross)	Parent/Guardian	Spouse	Child/Other
Child Support (All children in household)			
Welfare Transition (Cash Assistance), SSI, Social Security, Other			

Center Locations:

Chapman Arnold Forest Park

Home-Based East Ave. Franklin Co. Pana Villa

I verify that the information provided is true and correct. If there are any changes concerning my status, it is my responsibility to contact Early Education and Care, Inc. I understand the information given on this application can be shared for eligibility determination and service referrals to programs operated through the local school district, Head Start, early care and education providers and the Department of Children and Families. I understand that this application is not complete until I have submitted income verification for my child, and that completing this form does not guarantee placement in the above program. . **If my child or I are selected for enrollment and it has been discovered that I gave false information during the application process, we can be removed from the program.**

_____ _____

Parent/Guardian Signature Date

Staff Signature: _____ Date: _____ Placed on Waiting List: Yes No Initials: _____

Elg. Pts: _____

Rev 03/15/2023--ACB